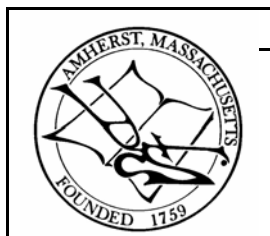


Town of

Amherst, Massachusetts



APPLICATION FOR EMPLOYMENT

Please return application to:

Human Resource Department, Town of Amherst
4 Boltwood Avenue, Amherst, MA 01002
(413) 256-4009 Fax (413) 256-2504

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, SEXUAL PREFERENCE, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

(PLEASE PRINT)

Date of Application

Position(s) Applied For

Name

Last

First

Middle

Address

Number Street/P.O.Box

Town

State

Zip

Telephone() Social Security #

If employed and you are under 18, can you furnish a work permit? Yes ☐ No ☐

Have you filed an application here before? Yes ☐ No ☐ If Yes, when?

Have you ever been employed here before? Yes ☐ No ☐ If Yes, when? _____

Are you employed now? Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes ☐ No ☐ (If not a citizen, proof of immigration status may be required upon employment)

On what date would you be available for work?

Check all that apply:

Are you available to work ☐ Full Time ☐ Part Time ☐ Temporary until

Are you available to work ☐ Days ☐ Evenings ☐ Weekends

What days of the week are you available to work? ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Are you available to work ☐ Year Round ☐ Academic Year Only ☐ Summers Only

Are you willing to be on call for substitute hours? Yes ☐ No ☐

Are you on a lay off and subject to recall? Yes ☐ No ☐

What licenses, skills or qualifications do you possess which should be considered?

List the kinds of office or construction equipment you can operate:

For Clerical Applicants:

Typing Speed _____ wpm Shorthand Speed _____ wpm

For applicants for jobs that requires driving:

Do you have a valid driver's license: Yes ☐ No ☐

License Number _____ State _____ Expiration Date _____

Do you have a valid Commercial Driver's License (CDL)? Yes ☐ No ☐

Do you authorize the Town to check your driving record for repeated or significant traffic violations? Yes ☐ No ☐

Education

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Did you graduate from High School or do you possess a high school equivalency (GED) Yes ☐ No ☐

Name of High School _____

City/Town _____

State _____

COLLEGE OR OTHER TRAINING AFTER HIGH SCHOOL, INCLUDING MILITARY SCHOOLS:

| Name of School or College | From | To | Major | Date of Diploma/Degree |
|---------------------------|------|----|-------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities (if related to position(s) you are applying for. Exclude organization names which indicate race, color, religion, sex or national origin.)

| | | | |
|----------------------------|-----------------|--------------|-------------------------|
| Employer (Present or Last) | Starting Date | Ending Date | Describe Work Performed |
| Address | | | |
| Position Title | Starting Salary | Final Salary | |
| Supervisor | | | |
| Reason for Leaving | | | |
| Employer (Present or Last) | Starting Date | Ending Date | Describe Work Performed |
| Address | | | |
| Position Title | Starting Salary | Final Salary | |
| Supervisor | | | |
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| Address | | | |
| Position Title | Starting Salary | Final Salary | |
| Supervisor | | | |
| Reason for Leaving | | | |

Please state any additional information you feel may be helpful to us in considering your application.

Should you be offered employment, would you consent to a medical examination, as a condition of employment, conducted solely for the purpose of determining whether you are, with reasonable accommodation, capable of performing the essential functions of the job?

Yes

☐

No

☐

The statements made by me in this application are full and true to the best of my knowledge and belief. I understand and authorize that the information provided may be verified, and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Amherst. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature _____ Date _____

THE TOWN OF AMHERST IS AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

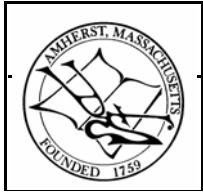
NOTICE TO APPLICANTS FOR EMPLOYMENT WITH THE TOWN OF AMHERST

Smoking Policy

Pursuant to the Town of Amherst's non-smoking policy and Massachusetts General Laws, smoking is not allowed in Town buildings. Also, Massachusetts General Laws state that no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter.

Employment Verification

Public Law 99-603 requires the Town of Amherst to demonstrate a "good faith effort" in complying with the illegal alien employment statutes. Should you be hired for a position with the Town of Amherst, you will be asked to present the proper identification.



Town of

Amherst, Massachusetts

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, sexual preference, or the presence of a non-job related medical condition or handicap.

As employers, we comply with governmental regulations and affirmative action responsibilities. Solely to help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation and assistance.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

(PLEASE PRINT NEATLY)

Date of Application _____

Position(s) Applied For: _____

Name: _____

Last First MI

Address: _____

Number Street/P.O.Box

Town

State

Zip

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Employment Agency ☐ Walk-In ☐ Other

Sex: ☐ Female ☐ Male

Race/Ethnicity (Please check one)

- ☐ **Black:** A person having origins in any of the racial groups of South Africa.
- ☐ **White:** A person having origins in any of the original people of Europe, North Africa or the Middle East.
- ☐ **Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish Culture or origin regardless of race.
- ☐ **Asian or Pacific Islander:** A person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, India, Korea, the Philippine Islands and Samoa.
- ☐ **Alaskan Native or American Indian:** A person having origins in any of the original people of North America and who maintains cultural identification through Tribal Affiliation or community recognition.
- ☐ **Cape Verdean:** A person having origins in the Cape Verde Islands.

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER